

# WV OLDER YOUTH TRANSITION PLAN

| YOUTH & CAREGIVER INFORMATION                     |        |               |
|---|--------|---------------|
| Youth Name:                                       | D/O/B: | GENDER:       |
| Actively Involved Parent/Guardian/Caregiver Name: |        | Relationship: |
| Contact Route:                                    | Phone: | Email:        |
| Address:  |        |               |

| CURRENT CUSTODY SOURCE INFORMATION  | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
|---|------------------------------|------------------------------|
| Worker:   | County:                      |                              |
| Phone/Extension:  | Worker email:                |                              |
| Check Youth's Current Custody Status:   |                              |                              |
| <input type="checkbox"/> DHHR Permanent Custody or <input type="checkbox"/> DHHR Temporary Custody &: <input type="checkbox"/> CPS or <input type="checkbox"/> Youth Services<br><input type="checkbox"/> DJS & <input type="checkbox"/> History of DHHR custody or <input type="checkbox"/> No history of DHHR custody<br><input type="checkbox"/> FC-18 |                              |                              |

| COURT INFORMATION  |                                 |                                     |                                  |
|--------------------|---------------------------------|-------------------------------------|----------------------------------|
| Judge:             | County:                         | Adjudication Status:                |                                  |
| Guardian Ad Litem: | Phone:                          | Email:                              | Address:                         |
| Attorney:          | Phone:                          | Email:                              | Address:                         |
| Probation Status   | <input type="checkbox"/> Active | <input type="checkbox"/> Monitoring | <input type="checkbox"/> History |
| Probation Officer: | County:                         | Phone:                              | Email:                           |

| CURRENT OUT-OF-HOME CARE LIVING ENVIRONMENT  | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
|--|------------------------------|------------------------------|
| Family/Kinship:  |                              |                              |
| Address:   |                              |                              |
| Out-of-Home Care: <input type="checkbox"/> Foster Care <input type="checkbox"/> Residential (circle level): I, II, III <input type="checkbox"/> Shelter <input type="checkbox"/> PRTF <input type="checkbox"/> DJS |                              |                              |
| Provider Agency:   | Address:                     |                              |
| Primary Staff Name:  | Position/Credentials:        |                              |
| Phone:   | Email:                       |                              |

| MODIFY PARTICIPATION (youth ages 17+ pursuing post-secondary education) |                                 |   |   |  |
|---|---------------------------------|---|---|--|
| Current Modify Status:  | <input type="checkbox"/> Active | <input type="checkbox"/> Referred/Pending | <input type="checkbox"/> Applied & Denied | <input type="checkbox"/> Not addressed |
| Modify Program Specialist Name:   | Phone:                          | Email:                                    |   |  |

| DHHR Specific Status Checks  |                              |  |   |
|--|------------------------------|--|---|
| Tribal Membership Eligible   | <input type="checkbox"/> N/A | <input type="checkbox"/> Completed       | <input type="checkbox"/> Referred/Pending |
| NYTD Survey (at age 17 years)  | <input type="checkbox"/> N/A | <input type="checkbox"/> Completed       | <input type="checkbox"/> Referred/Pending |
| Advanced Directives (17 yrs & 3 months)  | <input type="checkbox"/> N/A | <input type="checkbox"/> Completed       | <input type="checkbox"/> Referred/Pending |
| Credit History Check (16 yrs & annual)   | <input type="checkbox"/> N/A | <input type="checkbox"/> Completed/Date: | <input type="checkbox"/> Referred/Pending |
| <input type="checkbox"/> Negative Credit History Check Finding & Referred for further action |                              |  |   |

| MISC.                       |                              |                                 |   |  |
|-----------------------------|------------------------------|---------------------------------|---|--|
| SSI Eligibility:            | <input type="checkbox"/> N/A | <input type="checkbox"/> Active | <input type="checkbox"/> Referred/Pending | <input type="checkbox"/> Not Addressed |
| Title 19 Waiver Eligibility | <input type="checkbox"/> N/A | <input type="checkbox"/> Active | <input type="checkbox"/> Referred/Pending | <input type="checkbox"/> Not Addressed |
| Adult Protective Services   | <input type="checkbox"/> N/A | <input type="checkbox"/> Active | <input type="checkbox"/> Referred/Pending | <input type="checkbox"/> Not Addressed |

**\*\*\*\*Please attach Youth's current Readily At Hand Checklist\*\*\*\***

## CURRENT ACADEMIC SETTING

Not attending/not pursuing Academic Plan

**PRE-GRADE 12 LEVEL** or  NA Youth is in Middle School  
 Public High School  Safe School Sentence  Alternative Learning School  
 On-Grounds School  On-Grounds Other:  
 Youth's Verified Grade Level:  
 Anticipated completion date (mth/yr):

**ADULT G.E.D EDUCATION SETTING** or  NA  
 Anticipated completion date (month/year):

**POST-SECONDARY SETTING** or  NA  
 University  Community College  Business College  
 Vocational Program  Other Certification Program  
 Anticipated completion date (mth/yr):

**CURRENTLY ACCESSING:** or  NA  
 FAFSA  Yes  No If No, Is application needed?  
 ETV Funds  Yes  No If No, Is application needed?

**ACADEMIC STRENGTHS**  
 On Track to Earn:  Diploma  GED  Modified Diploma  Certification  Degree  Other:  
 Describe: Youth understands the value of & is invested in completing his/her academic plan  
 Youth's ability to access needed academic support, self-advocacy, etc.  
 Academic Achievements to Date: describe diploma, certification, etc.

**ACADEMIC NEEDS**  
 Credit Recovery  Tutoring  504 Plan  
 IEP (Individual Education Plan) Referral Needed and/or Modification of Existing Plan  
 S.A.T (Student Assistance Team referral needed or active)  
 Other:

**TRANSITION NEEDS**

| GOAL | STEPS/TIMELINE | RESPONSIBLE PERSON | STATUS/UPDATE |
|------|----------------|--------------------|---------------|
|      |                |                    |               |
|      |                |                    |               |

## LIFE SKILLS ATTAINMENT

### CASEY LIFE SKILLS (CLS) ASSESSMENT / CLS Report \*\*\*

- CLS Completed & Date of Last Assessment
- CLS In Progress & Anticipated Date of completion:
- Needs CLS assessment

- CLS Learning Plan has been developed & is in process:
- Needs CLS Learning Plan

### DEMONSTRATED KNOWLEDGE IN CLSA

|                                   |                                   |                                   |  |                                  |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|--|----------------------------------|-----------------------------------|-----------------------------------|
| <i>Daily Living</i>               | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |  | <i>Work/Study Life</i>           | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |
| <i>Self Care</i>                  | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |  | <i>Career/Education Planning</i> | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |
| <i>Relationship/Communication</i> | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |  | <i>Looking Forward</i>           | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |
| <i>Housing/Money Management</i>   | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |  |                                  |                                   |                                   |

### EXPERIENTIAL OPPORTUNITIES

Youth has participated in Life Skills Opportunities/Workshops in the following:

Food Handler's Card:       completed                       needs

### HANDS-ON SKILLS:

|                  |                                  |  |                                  |
|------------------|----------------------------------|--|----------------------------------|
| Laundry          | <input type="checkbox"/> skilled | <input type="checkbox"/> needs strengthening | <input type="checkbox"/> minimal |
| Meal Preparation | <input type="checkbox"/> skilled | <input type="checkbox"/> needs strengthening | <input type="checkbox"/> minimal |
| Grocery Shopping | <input type="checkbox"/> skilled | <input type="checkbox"/> needs strengthening | <input type="checkbox"/> minimal |
| Home Safety      | <input type="checkbox"/> skilled | <input type="checkbox"/> needs strengthening | <input type="checkbox"/> minimal |
| Kitchen Safety   | <input type="checkbox"/> skilled | <input type="checkbox"/> needs strengthening | <input type="checkbox"/> minimal |
| Other:           | <input type="checkbox"/> skilled | <input type="checkbox"/> needs strengthening | <input type="checkbox"/> minimal |

| GOAL | STEPS/TIMELINE | RESPONSIBLE PERSON | STATUS/UPDATE |
|------|----------------|--------------------|---------------|
|      |                |                    |               |
|      |                |                    |               |
|      |                |                    |               |

**\*\*\*Attach: CLS & the CLS Learning Plan\*\*\***

## CAREER/EMPLOYMENT

**CURRENT EMPLOYMENT STATUS\*\*\* or NA**

- Not employed      Actively Job Searching      Disabled/Unable to Work  
Full Time      Part Time (hours per week:)

Start Date of current employment:

Employment Site:

Position:

Pay Rate:

**EMPLOYMENT/EMPLOYMENT PREP NEEDS**

- |                         |                                    |                                |                              |
|-------------------------|------------------------------------|--------------------------------|------------------------------|
| Interest Inventory      | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Resume*                 | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| References              | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Job Shadowing           | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Mock Interview          | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Sample Job Applications | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Job/Career Fair         | <input type="checkbox"/> completed | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |
| Interviewing Outfit(s)  | <input type="checkbox"/> has       | <input type="checkbox"/> needs | <input type="checkbox"/> N/A |

**LINKAGES**

- |                     |                                    |   |                              |
|---------------------|------------------------------------|---|------------------------------|
| HRDF                | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| DRS                 | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Employment Services | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Other: Disabled     | <input type="checkbox"/> connected | <input type="checkbox"/> needs connection | <input type="checkbox"/> N/A |
| Other:              |                                    |   |                              |

**EMPLOYMENT SKILLS:**

**SPECIAL CERTIFICATIONS:**

**TRANSPORTATION NEEDS:**

**SHORT TERM EMPLOYMENT GOAL(S):**

**LONG TERM EMPLOYMENT GOAL(S):**

| GOAL | STEPS/TIMELINE | RESONSIBLE PERSON | STATUS/UPDATE |
|------|----------------|-------------------|---------------|
|      |                |                   |               |
|      |                |                   |               |
|      |                |                   |               |

**\*\*\*Attach current Resume & Detailed Past Work History List including reason for leaving\*\*\***

## FINANCE & MONEY MANAGEMENT

### BANK ACCOUNT STATUS

Savings Account in own name\*:     has                     needs                     N/A  
 Checking account in own name\*:    has                     needs                     N/A  
 CD/Money Market account\*         has                     needs                     N/A  
 ATM/Debit Card                         has                     needs                     N/A  
 Direct Deposit                             has                     needs                     N/A  
 Online Banking                          has                     needs                     N/A  
 Other: IDA                                 has                     needs                     N/A  
 Other:

\*Name(s) of Financial Institution(s): \_\_\_\_\_

### REGULAR SOURCE OF INCOME

Survivors Benefits (Amount)  
 Other (List, Describe & Amount)

**FINANCIAL LITERACY** Youth has demonstrated money management skills:

|  |                                   |                                   |                                       |                                   |                                   |
|--|-----------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| <i>Saving/Investing</i>                                | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue | <i>Balancing/Reconciliation</i>       | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |
| <i>Lending/Financing</i>                               | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue | <i>Receives/Reviews Statements</i>    | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |
| <i>Bill Paying</i>                                     | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue | <i>W-2</i>                            | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |
| <i>Budgeting</i>                                       | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue | <i>Paying/Filing Taxes</i>            | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |
| <i>Understanding Leases</i>                            | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue | <i>Finance Contract Terms</i>         | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |
| <i>Accessing Personal Credit History Check/Reports</i> | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue | <i>Understanding Insurance/Co-Pay</i> | <input type="checkbox"/> Achieved | <input type="checkbox"/> Continue |

### RESOURCE LINKAGE (inform/educate as needed)

SNAP                             TANF                             WIC                             H.U.D

| GOAL | STEPS/TIMELINE | RESONSIBLE PERSON | STATUS/UPDATE |
|------|----------------|-------------------|---------------|
|      |                |                   |               |
|      |                |                   |               |
|      |                |                   |               |



|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

\* Medication titration is the gradual increase or reduction in medication under the supervision of a doctor.

## PERMANENCE/CONNECTIONS

### SUPPORTIVE ADULTS

|                        |                |
|------------------------|----------------|
| Name/Support Provided: | Contact Route: |
| Name/Support Provided: | Contact Route: |
| Name/Support Provided: | Contact Route: |

### PERMANENCY PACT (attach)

Youth completed Permanency Pact on:

### FAMILY RELATIONSHIP (Family as identified by youth) or NA

|                |   |                                     |
|----------------|---|-------------------------------------|
| Name/Role:     | <input type="checkbox"/> Active/Routine | <input type="checkbox"/> Infrequent |
| Contact Route: |   |                                     |
| Name/Role:     | <input type="checkbox"/> Active/Routine | <input type="checkbox"/> Infrequent |
| Contact Route: |   |                                     |
| Name/Role:     | <input type="checkbox"/> Active/Routine | <input type="checkbox"/> Infrequent |
| Contact Route: |   |                                     |

### SIBLING RELATIONSHIP (approved without legal restriction) or NA

|                |   |                                     |
|----------------|---|-------------------------------------|
| Name           | <input type="checkbox"/> Active/Routine | <input type="checkbox"/> Infrequent |
| Contact Route: |   |                                     |
| Name           | <input type="checkbox"/> Active/Routine | <input type="checkbox"/> Infrequent |
| Contact Route: |   |                                     |
| Name           | <input type="checkbox"/> Active/Routine | <input type="checkbox"/> Infrequent |
| Contact Route: |   |                                     |

### TRIBAL MEMBER or NA

Tribe:  
 Location:  
 Primary Tribal Member Contact (name/address/phone/email):

### SUPPORT NEEDS

|       |                 |
|-------|-----------------|
| Type: | Connection Plan |
| Type: | Connection Plan |
| Type: | Connection Plan |

| GOAL | STEPS/TIMELINE | RESPONSIBLE PERSON | STATUS/UPDATE |
|------|----------------|--------------------|---------------|
|      |                |                    |               |
|      |                |                    |               |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**COMMUNITY, CULTURE & SOCIAL LIFE**

**ACTIVE COMMUNITY CONNECTIONS** (please choose & identify)

- Volunteerism:
- Spiritual Support:
- Activities:
- Social Groups:
- Extra-Curricular:
- Membership:

**COMMUNITY OPPORTUNITIES**

Youth has identified he/she wants to pursue:

- Volunteerism – identify:
- Spiritual Support – identify:
- Activities – identify:
- Social Groups – identify:
- Extra-Curricular – identify:
- Membership – identify:

**CULTURAL CONNECTIONS**

Youth has identified he/she wants to pursue:

- Ethnic Heritage

**PEER CIRCLE**

- Youth has established healthy friendships
- Youth has limited peer support

**PEER CONTACT(S)**

Name & Contact Route:  
 Name & Contact Route:  
 Name & Contact Route:

| GOAL | STEPS/TIMELINE | RESPONSIBLE PERSON | STATUS/UPDATE |
|------|----------------|--------------------|---------------|
|      |                |                    |               |
|      |                |                    |               |
|      |                |                    |               |

## Casey Life Skills Learning Template

Your dreams can be a reality ...if you have a plan.

### Getting Started: Create your plan!

You are the expert on which behaviors, knowledge or skills are important to you. You can choose the skill areas and learning goals you want to work on. Your caregivers can help you in the planning process, too. The adults who care about your success can provide “real life” learning experiences so you can learn how to do different things. Be sure to update your plan from time to time. It’s important to chart your progress and move on to new goals.

Your Name: \_\_\_\_\_

Begin Date: \_\_\_\_\_ Progress Check Date: \_\_\_\_\_

**CLSA Primary Skills Areas (✓ the primary and secondary area(s) you will work on)**

|  |  |   |   |  |   |  |
|--|--|---|---|--|---|--|
| <input type="checkbox"/> Daily Living  | <input type="checkbox"/> Self Care   | <input type="checkbox"/> Relationships & Communications   | <input type="checkbox"/> Housing & Money Management   | <input type="checkbox"/> Work & Study Life   | <input type="checkbox"/> Careers & Education                                    | <input type="checkbox"/> Permanent Connections |
| <b>Secondary Skills Areas</b>  |  |   |   |  |   |  |
| <input type="checkbox"/> Food/Nutrition<br><input type="checkbox"/> Home Cleanliness<br><input type="checkbox"/> Home Safety<br><input type="checkbox"/> Home Repairs<br><input type="checkbox"/> Computer Basics<br><input type="checkbox"/> Permanency | <input type="checkbox"/> Health<br><input type="checkbox"/> Personal Benefits<br><input type="checkbox"/> Personal Hygiene<br><input type="checkbox"/> Personal Safety<br><input type="checkbox"/> Sexuality | <input type="checkbox"/> Personal Development<br><input type="checkbox"/> Developing Relationships<br><input type="checkbox"/> Communication<br><input type="checkbox"/> Cultural Competency<br><input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Legal Permanency | <input type="checkbox"/> Budgeting/Spending<br><input type="checkbox"/> Banking/Credit<br><input type="checkbox"/> Housing<br><input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Development<br><input type="checkbox"/> Study Skills<br><input type="checkbox"/> Time Mgmt<br><input type="checkbox"/> Employment<br><input type="checkbox"/> Legal<br><input type="checkbox"/> Income Tax | <input type="checkbox"/> Education Plan<br><input type="checkbox"/> Career Plan |  |

**Learning Goal #1:** \_\_\_\_\_

**Expectations:** At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

**Youth Action Plan** = The actions you take to reach your goals should be clear so you know exactly what to do. Identify what will be done to reach your goals and who will do them: you, social worker, parent or other caregivers.

| List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others) | Who is responsible for achieving it? | When will it be accomplished? |
|---|--------------------------------------|-------------------------------|
|   |                                      |                               |
|   |                                      |                               |
|   |                                      |                               |

**Progress Check Date:** \_\_\_\_\_

**Learning Goal #2:** \_\_\_\_\_

**Expectations:** At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

| List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others) | Who is responsible for achieving it? | When will it be accomplished? |
|---|--------------------------------------|-------------------------------|
|   |                                      |                               |
|   |                                      |                               |
|   |                                      |                               |

**Progress Check Date:** \_\_\_\_\_

**Learning Goal #3:** \_\_\_\_\_

**Expectations:** At the end of the session or activity, you will be able to:

- 1.
- 2.
- 3.

| List the activities or services to be achieved (You can pick from the Resources to Inspire Guide or use others) | Who is responsible for achieving it? | When will it be accomplished? |
|---|--------------------------------------|-------------------------------|
|   |                                      |                               |
|   |                                      |                               |
|   |                                      |                               |

(add additional goals and activities as needed)

Names and contact information of caring adults who would like to participate in your success: i.e., social worker, parent or guardian, teacher, uncle or aunt, grandparent, etc.

- 1.
- 2.
- 3.

**Optional Signatures:**

You \_\_\_\_\_ Life Skills Instructor \_\_\_\_\_ Caregiver \_\_\_\_\_

Completion Date: \_\_\_\_\_

## **GLOSSARY OF TERMS & Linkages**

MODIFY = Formerly known as the WV Chafee Community Support Services

NYTD = National Youth Transitioning Data base Survey that is required to be administered by the WV DHHR BCF Staff person at designated intervals starting when the youth is 17+

Readily at Hand Checklist = A listing of critical documents for youth ages 16+. Access via: [www.itsmymove.org](http://www.itsmymove.org)

ETV = Educational Training Vouchers. In 2000, the West Virginia Legislature enacted a law called HB-4784. It allows eligible youth in foster care to receive free tuition if attending a West Virginia public college or university.

FAFSA = Free Application for Student Aid. Access via: [www.fafsa.ed.gov/](http://www.fafsa.ed.gov/)

504 Plan = The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. Access via: [wvde.state.wv.us/](http://wvde.state.wv.us/)

Casey Life Skills (CLS) = Free online life skills assessment. Access via: [www.caseylifeskills.org](http://www.caseylifeskills.org)

HRDF = Human Resource Development Foundation. HRDF offers innovative approaches to development in economic, education and social areas of service. Access via: <http://hrdfportal.org/web>

WV Division of Rehabilitation Services (DRS) = The West Virginia Division of Rehabilitation Services (DRS) helps people with disabilities establish and reach their vocational goals. Access via: [www.wvdrs.org](http://www.wvdrs.org)

PRTF = Psychiatric Residential Treatment Facility

Permanency PACT = For more information access via: [www.fosterclub.org](http://www.fosterclub.org)